

**CITY OF EAU CLAIRE  
PARKS & RECREATION DEPARTMENT  
Application for Beer Permit**

Name of Group: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Date of Event: \_\_\_\_\_ Phone (work): \_\_\_\_\_

Time of Event: From: \_\_\_\_\_ To: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ # of Kegs on Permit: \_\_\_\_\_

Pavilion Reserved: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

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- The applicant certifies by my signature below that I have read and I understand all rules and regulations regarding the use of intoxicating liquors in Eau Claire City Parks, and I agree to abide by all such rules and regulations.
  - The applicant agrees to hold harmless and indemnify the City of Eau Claire, its officers, agents, and employees for any and all types of claims, actions or expenses arising out of the applied-for activity; and agrees to defend the City, its officers, agents and employees, at no cost to the City should any claim or action be asserted.
  - The applicant agrees to waive all or part of the deposit if the group violates the rules of the City's Alcoholic Beverage Policy or if additional cleanup is required as a result of the applicant's use of City facilities.
  - I also certify by my signature below that I am a duly qualified representative of my group or organization, of legal age, and authorized to sign this agreement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Trans #: _____ Reserved by: _____ (initials) Date: _____	
<input type="radio"/> Recorded	<input type="radio"/> Beer Permit Issued <input type="radio"/> Beer Permit Fee Paid: _____ (amount)
<input type="radio"/> \$50 Deposit Received	<input type="radio"/> \$50 Deposit Returned: _____ (Date)
<input type="radio"/> \$50 Deposit Retained _____ (Date Deposited)	
<input type="radio"/> State Health Code Requirements Distributed to Group and Explained	